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Re Applic of	Bruce B. Doris, et al.
Docket No.	FIS920030152US1
Serial No.	10/604,190
Filing Date	6/30/03
Attorney	Joseph P. Abate

Attached: Amendment Transmittal Form
Amendment
Terminal Disclaimer (2)
Patent Assignment Form

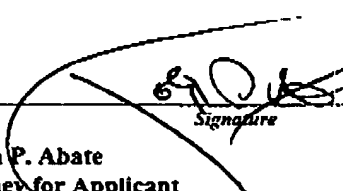
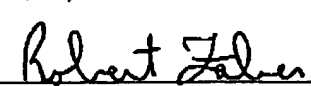
PLEASE DELIVER TO: Mai Huong C Tran
EXAMINER: ART UNIT: 2818
CONFIRMATION NO.: 1189
PHONE NO:
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): Bruce B. Doris, et al.					FIS920030152US1	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/604,190	June 30, 2003	Mai Huong C Tran	32074	2818	1189	
Invention: HIGH PERFORMANCE CMOS DEVICE STRUCTURES AND METHOD OF MANUFACTURE						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458</p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p></div><div style="flex: 1; text-align: right;"><p>Dated: September 15, 2005</p></div></div>						
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p> Signature</p><p>Joseph P. Abate Attorney for Applicant Registration No. 30,238 Telephone No. 845-894-4633 Fax No. 845-892-6363</p></div><div style="width: 50%; border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align: center;">September 15, 2005 (Date)</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">Robert Faber Typed or Printed Name of Person Mailing Correspondence</p></div></div>						
cc:						